

REACH REGISTRATION FORM

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NAME (Last, First, Middle)				
ADDRESS	STREET	CITY	STATE	ZIP
DISABILITY				
SEX (CHECK ONE) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		AGE	BIRTHDATE	HOMEPHONE
RESIDES WITH BOARD & CARE <input type="checkbox"/> INDEPENDENT <input type="checkbox"/>		FAMILY <input type="checkbox"/> OTHER <input type="checkbox"/>	NAME OF FACILITY	
			CONTACT	
CASE MANAGER		AGENCY		PHONE
CONSERVATOR		AGENCY		PHONE
SCHOOL/WORK PROGRAM		TEACHER/SUPERVISOR		PHONE
EMERGENCY CONTACT		RELATIONSHIP		PHONE
PREFERRED MEDICAL CARE		HEALTH INSURANCE		POLICY #
MEDICATIONS/ALLERGIES				
SEIZURES				
PHYSICAL LIMITATIONS				
ADAPTIVE EQUIPMENT				
BEHAVIORAL PROBLEMS				
HISTORY OF VIOLENT BEHAVIOR				
HISTORY OF SEXUAL OFFENSE				
HISTORY OF LEGAL OFFENSE				
COMMUNICATION DEVICES				
OTHER				
PARENT/LEGAL GUARDIAN			SIGNATURE	
RELATIONSHIP			DATE	

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AGREEMENT, WAIVER & RELEASE

There may be special hazards related to REACH activity(ies). I, in consideration for being permitted by the GVRD to participate in said activities, hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in REACH. This release is intended to discharge in advance the above District (its officers, employees and agents) from any and all liability arising out of or connected in any way with my participation in REACH, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that REACH activities involve an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of my death or any injury property damage that I may sustain while participating in REACH.

MEDICAL AUTHORIZATION

THE UNDERSIGNED, one of the parents or legal guardians having legal custody of aforesaid participant hereby authorize any adult employee of the Greater Vallejo Recreation District into whose care said participant has been entrusted to consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to participant under the general or special supervision and upon the advice of physician or surgeon licensed under the provisions of the Medical Practice Act, or to consent to any emergency x-ray examination anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to participant by dentist licensed under provisions of the Dental Practice Act.

PHOTOGRAPHY WAIVER

My picture may be used in publicity and/or brochures related to GVRD programs.

YES NO

I have carefully read the above agreement, waiver and release, and fully understand the contents. I am aware that this is a release of liability and a contract between myself and the District and I sign it of my own free will.

PARTICIPANT/LEGAL GUARDIDAN

DATE